



AUG 4 2000

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Mr. T.A. Cox
President
Spinalight Incorporated
1620 Albritton Drive
Suite 7
Kennesaw, Georgia 30152

Re: K001476

Trade Name: Torque Specific Cervical Adjusting Instrument
Regulatory Class: II
Product Code: LXM, INQ
Dated: March 21, 2000
Received: May 11, 2000

Dear Mr. Cox:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.


This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

Page 2 - Mr. T.A. Cox

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597, or at its Internet address "<http://www.fda.gov/cdrh/dsmamain.html>".

Sincerely yours,



 Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative and
Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

INDICATIONS AND CONTRA-INDICATIONS FOR USE

Page 24

The Spinalight Torque Instrument is indicated to be used by a licensed Chiropractor to assist him or her in making a Chiropractic adjustment to the Atlas vertebra. This adjustment is indicated when the doctor believes this bone is out of alignment.

Indications for this form of adjustment are:

neck pain, a tilted head, general unbalance in general spinal alignment, and neck soreness when turning or tilting the head.

Contra-indications:

Do not use on:

1. Fractures,
2. Bones incapable of bearing body weight due to pathological processes,
3. Osteoporosis
4. Soft tissue including:
 - a. Eyeball
 - B. Testicles
 - C. Mammary Glands
 - D. Ovaries
 - E. Auditory Canal

Contra-indications for the adjustment itself are:

The adjustment should not be attempted with a patient who has had neck or cervical or spinal surgery, or has infected or inflamed areas or open wounds near the cervical spine. Adequate precautions should be taken in cases of persons suspected of or diagnosed with epilepsy.

Dwaine R. Lochner.

(Division Sign-Off)

Division of General Restorative Devices

510(k) Number K001476